



"Making A Difference In The Game"

CENTRAL CONNECTICUT BOARD #6 of Approved Basketball Officials

One Rule + One Mechanic + One Interpretation = the Board #6 Way

2009 Bread and Butter Clinics

Summary Report

The 2009 program was very well received by the participants (they actually gave us a very nice thank you card and took a collection for us to go out after the last session!). The clinicians also got back as much as they gave in energy, which was substantial (great crew). I would strongly recommend that we continue with the same basic format and approach as it seems that there certainly is an audience with a desire for the information we present in the approach we use (we spend well over an hour of each 90 minute session on the floor).

Attendance - there were 38 separate individuals who participated at some point during the seven sessions held. We had between 17 and 26 officials attend each session. Frankly, we'd love to have as many folks as possible attend, but we also found that the optimum number for a session in order to provide them enough floor time as well as one-on-one attention is 20. We discussed having prepared curriculum for each session that can be flexible enough to handle from 10 to 35 participants.

Feedback - the repeat feedback themes from a majority of the participants:

- The time on the floor was excellent and the enthusiasm of the clinicians was noticeable and appreciated. This reflects the feedback we received last year.
- We did institute changes based on last year's feedback that helped; for example, we got black/white striped pinnies and we covered PCA early on in the program. This helped focus on whom the officials were at the time and also helped when we demonstrated and had them participate to better understand their areas of responsibility. See below for more feedback samples, including that from the clinicians.

Feedback specifics

Participants

- Break down into smaller groups so they can get more focused attention. The clinicians echoed this. We wanted to/had to use full court and half court at times in order to demonstrate. We will look to break down into the 4 side hoops more next year.
- 'Shadowing' was well received. When we had a clinician stand with/behind a participant as they went through drills, it was very helpful. I think it's important to



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note that part of the reason this works is that the clinicians are all very helpful and positive (no one ever even came close to embarrassing anyone) and the participants knew this and opened to giving everything a try.

- Use video to emphasize the mechanics. This was from 4-5 folks (same as last year). Peter and I will look into this further (note that I had reviewed a half a dozen videos last year and none really hit home mechanics-wise; will review new batch).
- A few people would like to referee a game. With 20 people it would be very difficult to get everyone on the floor. Perhaps we could use a scrimmage to accomplish this, i.e., we have 5-6 people officiate and the rest of us watch together from the stands and focus on the mechanics. Pete, we can discuss.

Clinicians

- Don't announce/publish dates until 100% finalized! We had to change the one date due to the timing of the Interpretation meeting and there was some confusion. This is all on me; I'll be sure to only give out the dates when they are finalized.
- Name tags for both clinicians and participants. Some of these folks came to 5-7 sessions and I'm not 100% sure of their names! Maybe optional, but everyone should have an opportunity to 'know the other folks'.
- Summarize after each section is completed. We do a good job of intro and practicing, and then we kind of just move to the next topic. This will help folks lock on key takeaways. We can possibly use the handouts more. I may only hand out the sections each night versus giving them the full package on day 1. That information is not utilized as much as it could be.
- The 'real action' seemed to work best. When we just did, for example, 'calling a foul', it didn't always seem real. We'll look to blend in full activity for all of it (violations, timeouts, call, report, and administer the foul) next year. The participants were much better and got more out of the full flow versus the pieces. This was mentioned by both the participants and the clinicians.

Respectively, Dan Marsh, Chairperson